



State Employees' Charitable Campaign Special Events Report

Prepared by: _____

Phone #: _____

State Dept.: _____ Division: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date: _____

These funds are designated to (list charity book number:) _____

Charity Name: _____

Please print clearly and legibly.

| Description of Event | Total Cash | Total Checks | Total Gift |
|----------------------|---------------|-----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

